

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031421

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2353

STATE FILE NUMBER

FILED SEP 1 1961

## 1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN JEFFERSON BARRACKS, MO.Length of stay in 1b  
9 DAYS

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

c. CITY OR TOWN ST. LOUIS

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITALInside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
1422 Granville PlaceReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

JOE

ROBINSON

## 4. DATE OF DEATH

Month

Day

Year

AUGUST

18

1961

## 5. SEX

MALE

## 6. COLOR OR RACE

NEGRO

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

7-20-85

## 9. AGE (last birthday)

76

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RAILROAD WORKER

## 10b. KIND OF BUSINESS OR INDUSTRY

RAILROAD

## 11. BIRTHPLACE (City and state or country)

NEW ORLEANS, LA.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Unknown

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) YES

(If yes, give war or dates of service) WW-I

## 16. SOCIAL SECURITY NO.

UNKNOWN

## 17. INFORMANT

Address

ST. LOUIS, MO.  
MRS. LOLA MC COY, 1390 GRANVILLE PLACE18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

EMBOLISM PULMONARY, DUE TO CIRCULATORY

DISTURBANCE

INTERVAL BETWEEN ONSET AND DEATH  
15 to 24

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

HOURS  
6 YEARS

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-9-61 to 8-18-61 and ~~XXXXXXXXXX~~

Death occurred at 8:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Emmett D. Wall M.D.

## 22b. ADDRESS

VA HOSP. JEFF. BRKS. MO.

## 22c. DATE SIGNED

8-18-61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

8-22-61

## 23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

## 23d. LOCATION (City, town, or county)

Jefferson Barracks, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

G. Wade Granberry

4202 Finney Ave.

## 25. DATE RECD. BY LOCAL REG.

8-22-61

## 26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward A. Fynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

• If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.